



Hampton Parks & Recreation
Background Consent/Release Form

Applicant's Name (printed)

Applicant's Address

_____ City _____ State _____ Zip Code _____

Date of Birth (MM/DD/YYYY)

___/___/___

Social Security Number

___-___-___

Email

Applicant's Association

Circle ONE: Commissioner/ Coach/Cheerleading/ Team Parent

What sports are you helping with? _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines. In the event that my volunteer application is rejected, I hereby authorize the Hampton Department of Parks & Recreation to inform the athletic commissioners of my rejected status.

Printed Name:

_____ Date: _____

Signature

Staff only: _____ Checked ID _____ Money Order #/Check # _____ Date into SSCI _____

Staff only: ____ Checked ID _____ Money Order #/Check # _____ Date into SSCI